Fee Paid (\$)

Fees Paid (\$)

120

0

Under the Paperwork Redu		<u> </u>	·				and only control names		
Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
			1	ation Number	10/786,933	0/786,933			
FEE TR	RANSI	MITTAL	Filing (Date	02/25/2004	7	70		
for	FY 20	006	First N	amed Inventor	Toshinobu Homan,	NOV 0 7	2006		
Applicant claims sma	III entity stat	us. See 37 CFR 1.2	7 Examin	ner Name	Gene L. Bankhead	1-4	<i>y</i>		
			Art Uni	it	3744	Ø7R4DEM	100°		
TOTAL AMOUNT OF PA	YMENT (\$) 320	Attorne	ey Docket No.	4041J-000844	MUEM			
METHOD OF PAYMEN	T (check al	I that apply)			<u> </u>				
☐ Check ☐ Credit Ca	rd \square Mor	ney Order \ \ \ None	Other (please identify	/) :				
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		osit account, the Direct	ctor is hereby						
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	ny additional CFR 1.16 a	fee(s) or underpayment 1.17	ents of fee(s)	⊠ Cred	it any overpaymer	nts	•		
WARNING: Information on th	nis form may	become public. Credit	card information	on should not b	e included on this f	orm. Provide cre	edit card		
information and authorizatio	n on PTO-203	18.				·			
FEE CALCULATION							·		
1. BASIC FILING, SEA									
	FILING F		SEARCH			ATION FEES			
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entit Fee(\$)	Y <u>Fee(\$)</u>	Small Entity Fee(\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100	Tees I ald (4)		
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FE			v	v	· ·	•	Small Entity		
Fee Description	LU					Fee (\$)	Fee (\$)		
	cluding Reis	sues)				50	<u>1 θε (ψ)</u> 25		
Each claim over 20 (in						200	100		
Each claim over 20 (in Each independent clair	n over 3 (inc	cluding Reissues)				200			
Each claim over 20 (in Each independent clair Multiple dependent cla		cluding Reissues)				360	180		
Each independent clair			<u>Fee</u>	Paid (\$)		360			
Each independent clair Multiple dependent cla	ims Extra C		<u>Fee</u> = <u>0</u>	<u> Paid (\$)</u>		360	Dependent Claim		
Each independent clair Multiple dependent cla Total Claims	ims <u>Extra C</u> = <u>0</u>	<u>Fee(\$)</u> x 50	= 0	<u> Paid (\$)</u>		360 Multiple	Dependent Claim		
Each independent clair Multiple dependent cla <u>Total Claims</u> <u>16</u> -20 or HP	ims <u>Extra C</u> = <u>0</u>	tlaims Fee(\$) x 50 aid for, if greater than 20	= <u>0</u>	Paid (\$)		360 Multiple	Dependent Claim		
Each independent clair Multiple dependent cla Total Claims 16 -20 or HP HP = highest number of	ims Extra C = 0 total claims pa Extra C	tlaims Fee(\$) x 50 aid for, if greater than 20	= <u>0</u>	e Paid (\$)		360 Multiple	Dependent Claim		
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Each independent clair Multiple dependent clair Total Claims 16 -20 or HP HP = highest number of Indep. Claims 4 - 3 or HP= HP = highest number of 3. APPLICATION SIZE If the specification and of	Extra C	x 50 aid for, if greater than 20 claims Fee(\$) x 200 claims paid for, if greater ceed 100 sheets of pa	= <u>0</u> Fee = 20 than 3.	Paid (\$) 0 g electronical		360 Multiple Fee (\$) ———	Dependent Claim Fee Paid (
Each independent clair Multiple dependent clair Total Claims 16 -20 or HP HP = highest number of Indep. Claims 4 - 3 or HP= HP = highest number of 3. APPLICATION SIZE If the specification and of listings under 37	Extra C Ext	x 50 aid for, if greater than 20 claims Fee(\$) x 200 claims paid for, if greater	= 0 Fee = 20 than 3.	Paid (\$) g electronicall \$250 (\$125 fo		360 Multiple Fee (\$) ———	Dependent Claim Fee Paid (

SUBMITTED BY				
Signature	Melley	Registration No. (Attorney/Agent) 34,007	Telephone	(248) 641-1600
Name (Print/Type)	Michael e. Schmiet		Date	November 7, 2006

Total Sheets

4. OTHER FEE(S)

Extra Sheets = 0

/ 50 =

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One Month Extension of Time

0

Number of each additional 50 or fraction thereof Fee (\$)

(round up to a whole number) x

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

11-08-06

PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031

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Application Number 10/786.933 TRANSMITTAL Filing Date 02/25/2004 **FORM** First Named Inventor Toshinobu Homan, et al. ្សាក្រ - used ស្តែង្សា correspondence after initial filing) Art Unit 3744 **Examiner Name** Gene L. Bankhead Total Number of Pages in This Submission Attorney Docket Number 4041J-000844 ENCLOSURES (check all that apply) After Allowance Communication to Fee Transmittal Form ☐ Drawing(s) Technology Center (TC) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Petition Appeal Communication to TC Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): Return Receipt Postcard Request for Refund Express Abandonment Request CD, Number of CD(s) ___ Information Disclosure Statement Remarks The Commissioner is hereby authorized to charge any additional Certified Copy of Priority fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Document(s) Account No. 08-0750. Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Reg. No. Firm Attorney Name Harness, Dickey & Pierce, P.L.C. Michael J. Schmidt 34,007 Individual name Signature Date November 7, 2006 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. EV 757 778 295 US (11/7/2006) Michael J. Schmidt Typed or printed name Express Mail Label No Date November 7, 2006

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